

# APPLICATION FOR WELL PERMIT

Form No. A1-3-1990

(Please Print or Type)

FOR OFFICE USE ONLY

Application Number 13 - - -	API Number 13 - - -	Permit Number 43983
Signature of Approval		Date of Approval

## PART I GENERAL INFORMATION

Well Type: ☐ Oil (Complete Parts I thru IVa, VIII, IX)  
(Check one)

☐ Gas (Complete Parts I thru IVa, VIII, IX)

☐ Enhanced Recovery (Complete Parts I thru V, VIII, IX)

☒ Saltwater Disposal (Complete Parts I thru V, VIII, IX)

☐ Non-Commercial Gas Well (Complete Parts I thru IVa, VIII, IX)

☐ Geologic/Structure Test (Complete Parts I, II, IVa, VIII, IX)

☐ Non Potable Water Supply (Complete Parts I, II, III, VI, VIII, IX)

☐ Gas Storage/Observation (Complete Parts I, II, III, VII, VIII, IX)

Application Type (Check all applicable)

<input type="checkbox"/> New Well (\$100 fee)	<input type="checkbox"/> Change of location
<input type="checkbox"/> Workover (\$100 fee if plugged)	<input type="checkbox"/> Change of operator
<input type="checkbox"/> Deepening (\$100 fee)	<input type="checkbox"/> Revoked permit (\$100 fee)
<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> Directional Hole

Former Permit Number  
43611 and 43983

Former Operator Name

Name of Operator

Indiana Gas Company, Inc.

Telephone Number

(317)321 - 0443

Address of Operator (☐ Check if this is a new address; effective date \_\_/\_\_/\_\_)  
1630 North Meridian Street

City

Indianapolis

State

Indiana

Zip Code

46202

Name of Drilling Contractor

John Stepp

Telephone Number

(317)525 - 4599

Address of Drilling Contractor

7249 East Blue Ridge Road, Shelbyville, Indiana 46176

Permit to be sent to: Name Keith Keppel Indiana Gas Company  
Address 1630 N. Meridian Street  
Indianapolis, IN 46202

Applicant is (Check one)

☐

Individual

☐

Partnership

☒

Corporation

☐

Limited Partnership

NOTE: Corporations and limited partnerships must be registered with the Secretary of State





## Construction:

Surface Casing \_\_\_\_\_  
Setting Depth 129 '  
Size 8 5/8 "O.D.

Hole Size \_\_\_\_\_  
11 "  
Cement Top none '  
cu./ft. \_\_\_\_\_

Intermediate Casing none \_\_\_\_\_  
Setting Depth \_\_\_\_\_ '  
Size \_\_\_\_\_ "O.D.

Hole Size \_\_\_\_\_  
" \_\_\_\_\_  
Cement Top \_\_\_\_\_ '  
cu./ft. \_\_\_\_\_

Long String \_\_\_\_\_  
Setting Depth 10 '  
Size 4 1/2 "O.D.

Hole Size \_\_\_\_\_  
6 1/4 "  
Cement Top ground level '  
cu./ft. 150

Tubing \_\_\_\_\_  
Setting Depth \_\_\_\_\_ '  
Size \_\_\_\_\_ "O.D.

Packer \_\_\_\_\_  
Setting Depth 1030 '

~~Perforations~~ open hole

From 1041 'to 1053 '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

Total Depth \_\_\_\_\_  
1053 '

## Geological:

Deepest U.S.D.W.  
Name Upper Silurian  
Depth to Top 120 '  
Thickness 100 '

Vertical distance between  
bottom of the lowest  
U.S.D.W. to top of  
injection zone  
816 '

Top Confining Zone  
Name Cincinnatian  
Depth to Top 683 '  
Thickness 353 '

Primary Lithology  
☒ Shale ☐ Lime

Injection Zone  
Name Trenton  
Depth to Top 1036 '  
Thickness 100+ '

Primary Lithology  
☐ Sandstone ☒ Lime

## Injection Intervals

From 1041 'to 1053 '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

## PART VI NON-POTABLE WATER SUPPLY WELL

Proposed Total Depth _____'	Name of Withdrawal Formation _____	Water Withdrawal Interval From _____' To _____'
Describe the proposed use of water and estimate the daily production withdrawal in gallons: _____ _____ _____		

## PART VII GAS STORAGE/OBSERVATION WELL

Proposed Total Depth _____'	Injection Interval From _____' To _____'	Name of Lowest Drilled Formation _____
Purpose of Observation Well _____ _____ _____		
Method of Operation (include frequency & technique used to monitor) _____ _____ _____		

## PART VIII AFFIRMATION

I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief.	
Signature of Operator or Authorized Agent <i>Keith Appel</i>	Date <i>May 5, 1994</i>

## INSTRUCTIONS:

- Applications must be sent to the Department of Natural Resources, Division of Oil and Gas, Attn: Technical Section, Old Trails Building, 309 W. Washington St., Suite 601, Indianapolis, Indiana 46204.
- Please print or type when filling out this application.
- If applying for a Class II well, a laboratory analysis of the injection water must be attached to this application. The analysis must include at least: 1.) Specific Gravity 2.) pH 3.) Total Dissolved Solids(TDS)/Milligrams per Liter(MGL) 4.) Water Resistivity 5.) Water Temperature.
- If permit is to be sent by overnight mail, the applicant must include Federal Express or U.P.S. account numbers.
- If "YES" box checked under PART II Acreage Communitization block, then attach Pooling Declaration or Communitization Agreement, or specify the permit number under which the agreement was previously submitted.
- The letters U.S.D.W. when used in this application refer to an Underground Source of Drinking Water.
- If calculation was used for determining Maximum Injection Pressure(MIP), the following formula must apply:  

$$MIP = [(0.8 \text{ psi/ft} - (0.433 \text{ psi/ft} \times \text{specific gravity})) \times \text{depth}]$$
 If well testing was used to determine Maximum Injection Pressure, documentation of all testing must be submitted.
- Only those individuals whose signatures appear in PART V of the Organizational Report are authorized to sign PART VIII of this application.



